

# Hives and Swellings

## (Urticaria and Angioedema)

### 1. What are hives and swellings?

Hives (urticaria) and swellings (angioedema) affect about one in five people at some time in their lives. Both are caused by the release of histamine in the skin and they may occur alone or in combination. If the histamine is released at the surface of the skin, an itchy hive is formed. If it is released under the skin, a swelling forms.

**Hives** (urticaria) appear on the skin as itchy red “welts” or “blotches” that vary in size from a small bump to a large area the size of a dinner plate. A single hive usually lasts 1 to 8 hours before fading away, leaving no trace, while new hives may be constantly reappearing elsewhere. Any single blotch or welt that stays in the same place for more than 24 hours is not a hive.

**Swellings** (angioedema) develop in the deep layers of the skin, most often on the hands, feet, and face. There may be a tingling or numbness as they begin to swell, but there is no itching. In areas where the skin is loose such as the eyelid or lip, the swelling can be impressive. Any single swelling invariably subsides in one or two days but as with hives, new ones may reappear for an indefinite period of time. The causes and treatment are the same as for hives.

### 2. What causes hives?

The causes tend to be different depending on how long they last.

**Single episodes (acute urticaria)** are often caused by a medicine or a viral infection. If a medicine appears to have caused an outbreak of hives, it should not be taken again. Single episodes last days to a few weeks at the most, but never more than 6 weeks.

**Hives occurring only very occasionally (recurrent urticaria)** are often caused by over the counter medicines (such as aspirin), foods, or food additives. The cause is best found by paying close attention to anything taken by mouth shortly before the episode begins. A 4 hour diet recall diary can be especially helpful. In some people, physical factors such as cold, sunlight, exercise, or pressure trigger repeated outbreaks of hives.

**Hives that persist daily or almost daily for more than 6 weeks (chronic urticaria)** most often come and go without a cause ever being found. In most medical center studies, despite best efforts, a cause is found in only 5 to 10 percent of patients. For this reason, chronic hives are among the most frustrating of chronic conditions to deal with. Even though the cause is not usually found, it is important to look for one. Fortunately, there are a number of effective medications to control hives and statistics show that most cases

resolve spontaneously within 2 years.

### 3. What are the causes of chronic hives that have been found ?

**Medications** are occasionally found to be the cause of chronic hives. Although almost any medication can cause hives, aspirin and aspirin like medicines (Advil, Motrin, and other “non-steroidal anti-inflammatory drugs”) are especially frequent culprits. Total avoidance of these medicines usually results in complete resolution of symptoms within a week.

**Chronic infections** are sometimes the cause of chronic hives. Sinus infections and dental or rectal abscesses have been known to cause hives as have chronic liver infections. Treatment of infections generally cures the hives.

**Autoimmune conditions** have been known to cause chronic hives, especially autoimmune thyroid disease. Good control of the thyroid disease helps to control the hives.

### 4. What tends to aggravate chronic hives?

Sometimes hives are made worse by certain “triggers”. These tend to aggravate hives but elimination of the triggers does not usually make the hives completely go away. Examples of triggers include heat (warm weather, exercise, hot showers), alcohol, stress, certain food additives, and pressure caused by belts or tight fitting clothes. A combination of triggers is at the root of many episodes of hives. (For instance, the combination of a recent viral infection, increased stress, and food additive sensitivity may cause hives while any one of these factors alone may not be sufficient to trigger symptoms.)

### 5. How are hives treated?

Wherever possible, the underlying cause should be found and eliminated. This is often not possible with hives and so medication is needed. The most useful medicines for hives are the **antihistamines**. Antihistamines do not seem to make hives go away any faster, but they prevent new ones from forming.

For a single episode or sporadic outbreaks of hives, traditional antihistamines (**Atarax or Benadryl**) taken on an as-needed basis are most helpful. Benadryl liquid has 2 potential advantages: it is absorbed more quickly than a pill and the dose can be easily adjusted to minimize drowsiness. Occasionally, a short course of **corticosteroids (Prednisone)** is necessary to treat a severe flare.

For hives that are present daily, antihistamines should be in the bloodstream 24 hours a day. Regular use of the newer once-a-day, non-drowsy antihistamines (**Claritin**) are especially useful. Sporadic outbreaks can be treated with traditional antihistamines (**Atarax or Benadryl**) on an as-needed basis. Periodically (every 2 - 3 months) regular once a day antihistamines should be stopped to determine if they are still needed.